

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K03785

1. Entity Name

SOUTHGATE INSURANCE AGENCY, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90025 003 ***158.75

Principal Place of Business

Mailing Address

% E.H. ASMAR
219 SOUTH STATE ROAD SEVEN
MARGATE FL 33068

% E.H. ASMAR
219 SOUTH STATE ROAD SEVEN
MARGATE FL 33068-5702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0016957

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASMAR, EDOUARD HANNA
219 S. STATE ROAD 7
MARGATE FL 33068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

NO CHANGE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

P
NAME APPLGATE, FRED W III
STREET ADDRESS 219 SOUTH STATE RD SEVEN
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ Delete

STVP
NAME GARCIA, CRISelda ROSA
STREET ADDRESS 219 SOUTH STATE RD, SEVEN
CITY-ST-ZIP MARGATE FL 33068

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-2000 (954) 979-4034
Date Daytime Phone #

CR2E034 (9/99)